



TOWN OF WESTFORD  
BOARD OF HEALTH  
TOWN HALL  
WESTFORD, MASSACHUSETTS 01886  
Phone: 978-692-5509 Fax: 978-399-2558

**RESIDENTIAL KITCHEN PERMIT APPLICATION**  
**FEE: RESIDENTIAL KITCHEN SERVICES \$ 75.00**

\*\*\*\*\*

Name of person responsible for residential kitchen: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail (for food recall notices, etc.): \_\_\_\_\_

List **ALL** food and beverages to be prepared in the residential kitchen, including brand name (you may need a separate sheet of paper): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all **sources** of food and beverages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will residential kitchen foods be separated from the household's food? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Method of dishwashing and sanitizing to be used? \_\_\_\_\_

\_\_\_\_\_

Water source (Town Water or Private Well) \_\_\_\_\_

**Reminders for Residential Kitchens:**

- Residential kitchens are strictly limited to the preparation of non-potentially hazardous foods, and are restricted to sales directly to the consumer.
- All foods prepared in a residential kitchen must be labeled with all ingredients (in order of amount by volume), name of residential kitchen, address and/or phone number, and sell-by date, if required.
- Only immediate family members residing in the household may be employed in the operation.
- The use of brokers, wholesalers, and warehouses to store, sell, and distribute foods prepared in residential kitchens is prohibited.
- Food products prepared by residential kitchens may not be sold out-of-state.

**Regulations pertaining to residential Kitchen:**

- 105 CMR 590.009(D) Residential Kitchens
- 105 CMR 520.000 Massachusetts Labeling Regulations

**Please be aware that the BOH will conduct an inspection of the residential kitchen before a permit is issued.**

**I have read, and understand, the attached "Guidelines for Residential Kitchens"**

\_\_\_\_\_  
**Social Sec #/Federal ID #**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

PURSUANT TO M.G.L. 62C SECTION 49A, I CERTIFY UNDER PENALTIES OF PERJURY THAT I, TO THE BEST OF MY KNOWLEDGE AND BELIEF, HAVE PAID ANY FEDERAL, STATE OR LOCAL TAXES AS REQUIRED BY LAW.